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RESPONSE TO THE COMMENTARY

Establishing a hospice at home service: lessons to share

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We read with interest the commentary on our paper discussing a project that evaluated a hospice at home service. We would like to extend the discussion by commenting on the rationale for the approach we took. First and foremost, the key outcome of the overall project was to assess the impact of the introduction of a novel bespoke hospice at home service, focussing particularly on its ability to influence the final place of care for those patients who had expressed a preference of home. This focus directed the design of the evaluation and therefore a standard programme evaluation methodology encompassing both quantitative and qualitative approaches was adopted (Robbins, 1998; Patton, 2002). A pragmatic approach was embraced to ensure that the findings of the pilot study could be reported as soon as the pilot year ended, in order to demonstrate to the funders whether the service was having its desired impact. Although no specific funding was available for the evaluation element, its importance was recognised from the start, by those undertaking and evaluating the project if external funding was to be sought in the future. These constraints impacted on the design of the evaluation, which had to focus on the impact rather than the process.

The authors accept the points raised by the commentator regarding practice development frameworks and indeed the value of the PRAXIX framework, particularly for new developments. In this current economic climate, with financial restraints impacting on both the NHS and university sectors, funding for research and evaluation is increasingly challenging to obtain and in the case of this project, such a framework was not feasible. Where funding is provided for an evaluation element, it is increasingly awarded through a competitive tender process and usually after the service has been established. The increasing need to seek grant funding for research and evaluation, which includes full economic costing to cover estates costs etc., is potentially impacting on what research is undertaken and additionally on the methodological approach adopted. This presents challenges for the partnerships with academic and clinical practice and could be suggested to be impacting upon the development of clinical staff, with opportunities being missed.

These challenges also affect action research methodology; a group activity founded on partnership between researchers and participants, all of who are involved in the change process. Furthermore it focuses upon collaboration between all those involved in the inquiry so that knowledge developed in the process is directly relevant to the issues being studied (Waterman et al., 2001). The use of an action research approach was invaluable in the modernisation of the Palliative Care Minimum Data set, which resulted in a revised data set that was developed by clinical staff (Jack et al., 2009). It is without question, the involvement of the clinical staff in the action research process that was fundamental to the successful outcome of the project.

As the challenges facing the public sector escalate, it is essential that we ride the storm. We must develop 'creative' ways of thinking, and a very pragmatic approach, to ensure that practice development work continues at all, with the overarching goal of providing optimal patient care.

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